

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001160

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CC8535935013**

**Entity Name:** FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 3, INC.

**Current Principal Place of Business:**

2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE, FL 32301 US

**FEI Number: 59-6159260**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WINN, JASON ESQ.  
2709 KILLARNEY WAY  
SUITE 4  
TALLAHASSEE, FL 32309 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: JASON WINN, ESQ**

**04/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name THOMAS, BRETT DR.  
Address 1160 SOUTH SEMORAN BLVD  
SUITE C  
City-State-Zip: TALLAHASSEE FL 32807

Title PRESIDENT  
Name CHASE, DO, CHARLES DR.  
Address 2065 VENETIAN WAY  
SUITE 1000  
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY, TREASURER  
Name SIPPPELL, DO, THOMAS DR.  
Address 2828 CASA ALOMA WAY  
City-State-Zip: WINTER PARK FL 32792

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES CHASE, DO**

**PRESIDENT**

**04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date